



CREDIT CARD ONE-TIME PAYMENT AUTHORIZATION FORM

I, _____ (“Cardholder”), do hereby authorize the charge to the
(print name)
referenced credit card below in the amount listed and agree to have my card charged for the services
rendered by LACPA. I agree to pay the total amount shown below in compliance with the cardholder agreement.

[REFERENCE / STUDENT NAME] _____

AMOUNT \$ _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder <i>(as appears on card)</i>	_____			
Account Number	_____			
Expiration Date	MONTH: _____	YEAR: _____	CVV#	_____
SIGNATURE	_____		DATE	_____

Cardholder Billing Address: _____

This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and I agree not to dispute any payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.



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